

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551212
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/	/		
3			/	/		
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50			/	/		
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←	60	←	←	←	←
TOTAL CLAIMS		61				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
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100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←	1	←	←	←	←
TOTAL CLAIMS						